

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587975

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2		/	/	/				52					
3		2	/	/				53					
4		2	/	/				54					
5		2	/	/				55					
6		2	/	/				56					
7		2	/	/				57					
8		2	/	/				58					
9		2	/	/				59					
10		2	/	/				60					
11		2	/	/				61					
12		2	/	/				62					
13		2	/	/				63					
14		2	/	/				64					
15		2	/	/				65					
16		2	/	/				66					
17		2	/	/				67					
18								68					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					
16								16					
17								17					